APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROC	ESS FOR PREPAR	RING IODOAROMA	ATIC COMPOUNDS AN	D USING THE SAME	
Check	*a.	tached hereto. led on a at I have reviewed an Iment referred to abo	nd understand the contents ove.	and amended ons of the above-identified specifi	cation, including the claims,
applica	7, Code of Federal	Regulations, §1.56. ed States provisiona	Under Title 35, U.S. Cod	n known to me to be material to e §119, the priority benefits of t e or my legal representatives or	the following foreign
	States of America	either (a) more than		on this invention were filed in ication, or (b) before the filing on(s):	
applica		the following as my t all business in the I		full power of substitution and re	evocation to prosecute this
	Kevin R Nola M: James A William Kirk M. Thomas Edward	F. Chapuran a. Kepner ae McBain	Reg. No. 31,342; Reg. No. 26,402; Reg. No. 32,145; Reg. No. 35,782; Reg. No. 27,075; Reg. No. 30,024; Reg. No. 27,562; Reg. No. 30,411; Reg. No. 31,450; Reg. No. 32,771;	Elizabeth F. Harasek Eugene O. Palazzo Mario A. Costantino Joel S. Armstrong Christopher W. Brown Richard E. Rice Paul Tsou Eric D. Morehouse	Reg. No. 28,850; Reg. No. 20,881; Reg. No. 33,565; Reg. No. 36,430; Reg. No. 38,025; Reg. No. 31,560; Reg. No. 37,956; and Reg. No. 38,565.
				LICATION SHOULD BE SE 2320, TELEPHONE (703) 83	
statem	own knowledge are ents were made wit onment, or both, un	true and that all state the knowledge that der Section 1001 of	ements made on informat t willful false statements a	ents of this Declaration, and that ion and belief are believed to be and the like so made are punishates Code and that such willful f	e true; and further that these able by fine or
1	Typewritten Full of First or Sole I		Н.	Bruce	Goodbrand
2	2 **INVENTOR'S SIGNATURE:		Given Name	Middle Initial	Family Name Local rac
3	**DATE OF SIGNATURE:		Month	Day	200 / Year
			ilton	on Ontario	
	Citizenship:	Canada Post Office Addre		venue	Country

Hamilton, Ontario, Canada L8P 4N9

mailing address, including country)

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten F	ull Name			
	of Second Join	ıt Inventor (if any)	Timothy	P.	Bender
			Given Name	Middle Initial	Family Name
2	**INVENTO	R'S SIGNATURE:	Frathe		
3	**DATE OF SIGNATURE:		And	16	7.6mcl
3			Month	Day	Year
	Residence:	Port Credit	Onta	•	Canada
	Residence.	City	State or Province		Country
	Citizenship:	Canada			•
	Citizensinp.	Post Office Address:			
		(Insert complete	905-12 Helene Street N.		
		mailing address,			
		including country)	Port Credit, Ontario, Canada L5G 3B5		
1	Typewritten Full Name		T.	P.	
	of Third Joint Inventor (if any)		Roger Given Name	E. Middle Initial	Gaynor Family Name
			Given Name	Middle initial	rainity Name
2	**INVENTOR'S SIGNATURE:		Moyer / lay		
3	**DATE OF SIGNATURE:		April		2004
			Month	Day	Year
	Residence:	Oakville	Ontario		Canada
		City	State or Province		Country
	Citizenship:	Canada			
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			514 Vanguard Crescent		
		mailing address,	Oslavilla Outaria Cana		
,	including country)		Oakville, Ontario, Cana		
1	Typewritten Full Name of Fourth Joint Inventor (if any)		Leanne		Murphy
			Given Name	Middle Initial	Family Name
•			Leanne	Musel	•
2	**INVENTOR'S SIGNATURE:			The difference of the second	
3	**DATE OF	SIGNATURE:	0 4 Manda	<u> </u>	O 4 Year
			Month	Day	
	Residence:	Mississauga	Ontario		Canada
		City	State or Province		Country
	Citizenship:	Canada	<u> </u>		
		Post Office Address: (Insert complete	3360 Council Ring Road		
	mailing address, including country)				
			Mississauga, Ontario, C		
1	Typewritten Full Name of Fifth Joint Inventor (if any)				
			Given Name	Middle Initial	Family Name
			Given Name	Middle Illiai	i anniy ivanic
2	**INVENTOR'S SIGNATURE:				
3	**DATE OF S	IGNATURE:			
	Residence: City		Month	Day	Year
			State or Province		Count
					Country
	Citizenship:				
		Post Office Address: (Insert complete			
		mailing address,			
		including country)			

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.